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|--|---------------------------|---|-------|---|----------------------------|-------------------------------|---------------|
| AMENDMENT TRANSMITTAL LETTER LNG form | | | | Docket No. 57030.US | | | |
| Application No. 10/020,011 | Filing Date 12/13/2001 | Examiner Ciric, LJiljana V | | | Group Art Unit 3753 | | |
| Invention Title Rethermalization System and Method | | | | | | | |
| TO THE ASSISTANT COMMISSIONER FOR PATENTS Transmitted herewith is an amendment in the above-identified application. | | | | | | | |
| <input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted. <input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed. <input type="checkbox"/> No additional fee is required. <input checked="" type="checkbox"/> The fee has been calculated as shown below: | | | | | | | |
| RECEIVED JAN 14 2004 TECHNOLOGY CENTER R3700 | | | | | | | |
| CLAIMS AS AMENDED | | | | | | | |
| (1) (2) (3) | | | | | | | |
| | | CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT NUMBER EXTRA | RATE | Fee |
| TOTAL CLAIMS | | * 22 | minus | ** 20 | 2 | x \$18 | \$ 36 |
| INDEPENDENT CLAIMS | | * 10 | minus | *** 8 | 2 | x \$86 | 172 |
| MULT. DEPENDENT CLAIM ADDED | | | | | | \$290 | |
| | | | | | | TOTAL | \$ 208 |
| If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here. | | | | | | SMALL ENTITY TOTAL | \$ |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for IN THIS SPACE is less than 20, enter "20". *** If the highest number previously paid for IN THIS SPACE is less than 3, enter "3". The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1. | | | | | | | |
| <input type="checkbox"/> Please charge Deposit Account No. 12-2355 in the amount of \$_____. A duplicate copy of this sheet is enclosed. <input checked="" type="checkbox"/> A check in the amount of \$208 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 12-2355. <input checked="" type="checkbox"/> Any additional filing fees required under 37 CFR 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. | | | | | | | |
| <u>RO</u> Robert O. Fox, Reg. No. 34,165 | | | | | | | |

Form LNG (9/96) F:\57030\57030us.amd.tl.wpd

*** CERTIFICATE OF MAILING ***

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

on January 6, 2004
Date

RO
Robert O. Fox